CSE-1165AFORFF (7-09)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Child Support Enforcement

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ACKNOWLEDGMENT TRACKING

To be completed and returned at the end of every week. HOSPITAL NAME										
HOSPITAL NAME										
ADDRESS (No. St	reet, City, State, ZIP)									
ADDINESS (No., St	reet, Oity, State, Zii)									
FOR THE WEEK ENDING			TOTAL NUMBER OF BIRTHS TOTAL				L BIRTHS OUT OF WEDLOCK			
FORM NUMBER	MOTHER'S NAME	MOT SOC S	HER'S EC. NO.	FATHER'S NAI			FATHER'S SOC. SEC. NO.	HPP ONLY		
TYCHIDER		500.5	20,110,				SOCI SECTION	OTIE		
		VERIFIED I	BY				DATE VERIFIED			
For Hospital Paternity Program Use Only										

Routing: Original – DCSE/Hospital Paternity Program, Copy – Hospital

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-252-4045; TTY/TDD Services: 7-1-1.